

EXPRESS EV 54388336945
Rec'd BCT 10/10

Hec'd PCT/PTO

23 JUL 2004
/SB/1 (10-00)

PTO/SB/01 (10-00)

Approved for use through 10/31/2002, OMB 0651-0032

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) OR

Attorney Docket Number	PU020032
First Named Inventor	James A. Strothman
<i>COMPLETE IF KNOWN</i>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR PERSONALIZING RATING LIMITS IN A PARENTAL CONTROL SYSTEM

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY)

Application Number [REDACTED] and was amended on (MM/DD/YYYY) [REDACTED] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/352,762	01/29/2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Rec'd PGIPR (JL)

23 JUL 2004

Please type a plus sign (+) inside this box →

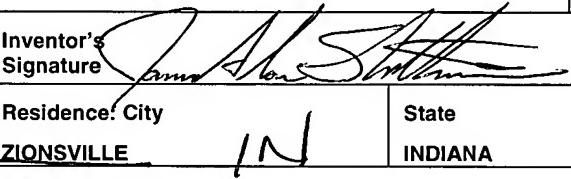
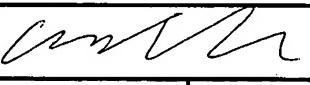
PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> OR <input checked="" type="checkbox"/> Correspondence address below	
Name	<u>JOSEPH S. TRIPOLI</u>		
Address	<u>THOMSON MULTIMEDIA LICENSING INC.</u>		
Address	<u>PO Box 5312</u>		
City <u>PRINCETON</u>	State <u>NJ</u>	ZIP <u>08543-5312</u>	
Country <u>USA</u>	Telephone <u>609 734 6834</u>	Fax <u>609 734 6888</u>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>JAMES ALAN</u>		Family Name <u>STROTHMAN</u> or Surname	
Inventor's Signature 		Date <u>1-27-03</u>	
Residence: City <u>ZIONSVILLE</u>	State <u>IN</u>	Country <u>US</u>	Citizenship <u>US</u>
<p>Mailing Address</p> <p>Mailing Address <u>9643 BELLFLOWER DRIVE</u></p>			
City <u>ZIONSVILLE</u>	State <u>INDIANA</u>	ZIP <u>46077</u>	Country <u>USA</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>CARL C.</u>		Family Name <u>HU</u> or Surname	
Inventor's Signature 		Date <u>1/27/03</u>	
Residence: City <u>CARMEL</u>	State <u>IN</u>	Country <u>US</u>	Citizenship <u>US</u>
<p>Mailing Address</p> <p>Mailing Address <u>14954 BEACON BLVD.</u></p>			
City <u>CARMEL</u>	State <u>INDIANA</u>	ZIP <u>46032</u>	Country <u>USA</u>
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			